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CONFIRMATION NO. 4546

<b>SERIAL NUMBER</b> 10/786,350	<b>FILING OR 371(c) DATE</b> 02/25/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 10781/25
<b>APPLICANTS</b> Ioannis Pallikaris, Gazi of Heraklion, GREECE; Harilaos S. Ginis, Heraklion, GREECE;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/911,356 07/23/2001 PAT 7,156,859				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/18/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> GREECE	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 23
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, IL60610				
<b>TITLE</b> DEVICE FOR SEPARATING THE EPITHELIUM LAYER FROM THE SURFACE OF THE CORNEA OF AN EYE				
<b>FILING FEE RECEIVED</b> 1124	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	